

1.0 Description of the Procedure

Surgery for clinically severe obesity is performed for long-term surgical weight loss management by reducing the size of the stomach or by means of bypassing the stomach and/or intestinal tract.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Special Provisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

3.0 When the Procedure is Covered

Surgery for clinically severe obesity is covered when:

1. the recipient is at least 19 years old; **and**
2. medical record documentation substantiates that the recipient
 - has a BMI greater than or equal to 40; **or**
 - has a BMI greater than or equal to 35 with at least one of the following problems:
 - ♦ there is documentation that management of primary diseases such as arteriosclerosis, diabetes, heart disease, hypertension, pseudotumor cerebri, etc., is significantly complicated by clinically severe obesity; **or**
 - ♦ the obesity causes incapacitating physical trauma as documented by the medical history records including x-ray findings and other diagnostic test results; **or**
 - ♦ there is significant respiratory insufficiency or sleep apnea documented by respiratory function studies, blood gases, sleep studies, etc.; **or**
 - ♦ there is significant circulatory insufficiency documented by objective measurements; **and**
3. clinically severe obesity must be present for a period of at least three years; **and**
4. the recipient must have made consistent efforts to lose weight over a period of 6 months or longer under physician supervision or in an organized weight loss program and failed; **and**
5. the recipient has no correctable cause for the obesity, e.g., an endocrine disorder; **and**

6. the surgery is one of the following procedures:
 - Gastric bypass, in which approximately 90% of the stomach is bypassed and anastomosed with the proximal jejunum (CPT code 43846, 43644 for laparoscopic procedure).
 - Vertical banded gastroplasty (also called vertical banded gastric partition or vertical gastric stapling) in which a proximal pouch of 30-60 mL and a one-centimeter outlet are created by a vertical row of staples and a horizontally placed reinforcing band (CPT code 43842, 43659 for laparoscopic procedure).

4.0 When the Procedure is Not Covered

Gastric bypass surgery is non-covered when the criteria listed in **Section 3.0** and **Section 5.0** are not met.

Medicaid does not cover procedures that are considered to be investigational:

- Jejunioileal bypass
- Biliopancreatic bypass
- Gastric wrapping
- Gastric banding
- Jejunocolostomy
- Mini-gastric bypass

5.0 Restrictions for and Limitations on Coverage

5.1 Prior Approval

Prior approval is required. The following must be submitted with the prior approval request:

1. Documentation of a continuous six month period or longer of all medical treatment modality therapies attempted by the recipient under the supervision of a physician or in an organized weight loss program to reduce weight, the duration of each therapy and the results of each treatment.
2. Documentation of the recipient's weight for three separate years.
3. The recipient's present weight, height, skeletal frame, body mass index and gender.
4. Medical history of all of the recipient's diagnoses such as hypertension, heart problems, pulmonary problems, arthritis, joint pains, back problems, etc.
5. A complete listing of all of the recipient's medications.
6. Blood pressures, fasting blood sugar levels, pulmonary study results, orthopedic x-ray reports, etc.
7. Documentation that all correctable causes of obesity have been ruled out with test results of laboratory tests performed, such as thyroid panel, etc.
8. Documentation of a psychological evaluation assessing the recipient's suitability for surgery and his/her ability to comply with lifelong dietary changes and medical follow up. Components of such an assessment should include: levels of depression, eating behaviors, stress management, cognitive abilities, social functioning, self-esteem, personality factors or other mental health diagnoses that may affect treatment, readiness and ability to adhere to required lifestyle modifications and follow up/social support.

9. Documentation of a fully developed, 5-year psychosocial, nutritional, and activity-based follow-up plan.
10. Certification that the recipient has been informed about all surgery risks, surgery sequelae, the need for extensive follow-up care, expectancy of weight loss and a signed statement that the recipient has been informed of the risks and results and still desires a surgical procedure.
11. Description of the type of gastro-bariatric surgery planned and CPT code that describes the surgery planned.

5.2 Weight loss following surgery for clinically severe obesity can result in skin and fat folds in locations such as the medial upper arms, lower abdominal area and medial thighs. Surgical removal of this skin and fat for solely cosmetic purposes is not covered.

6.0 Providers Eligible to Bill for the Procedure

Physicians enrolled in the N.C. Medicaid program who perform this surgery may bill for this service.

7.0 Additional Requirements:

There are no additional requirements.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

8.1 Claim Type

Providers bill professional physician services on the CMS-1500 claim form.

8.2 Diagnosis Codes that Support Medical Necessity

Providers must bill the ICD-9-CM diagnosis code(s) to the highest level of specificity that supports medical necessity.

8.3 Procedure Codes

CPT codes that are covered by the N.C. Medicaid program include:

| | | | |
|-------|-------|-------|-------|
| 43842 | 43846 | 43644 | 43659 |
|-------|-------|-------|-------|

The CPT procedure codes listed above are subject to the global surgery policy.

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

9.0 Policy Implementation/Revision Information

Original Effective Date: January 1, 1985

Revision Information:

| Date | Revised | Change |
|---------|----------------|--|
| 9/1/04 | Entire Policy | Changed all references to “morbid” obesity to “clinically severe” obesity |
| 9/1/04 | Section 3.1 | Removed less than 60 age restriction |
| 9/1/04 | Section 3.2 | Added BMI requirement |
| 9/1/04 | Section 3.2 | Made co-morbidity requirements more specific. |
| 9/1/04 | Section 3.2 | Removed “in excess of 100 pounds over ideal weight for height and age.” |
| 9/1/04 | Section 3.3 | Changed duration of obesity from “must exceed three years” to “at least three years” |
| 9/1/04 | Section 3.4 | Specified a requirement for previous weight loss attempt of six months or longer under physician supervision or in an organized weight loss program. |
| 9/1/04 | Section 5.1 | Added components of psychological evaluation |
| 9/1/04 | Section 5.1 | Added “Documentation of a psychosocial, nutritional and activity based follow up plan for at least five years” |
| 9/1/04 | Section 5.2 | Revised text to clarify that surgical removal of this skin and fat solely for cosmetic purposes are not covered. |
| 9/1/04 | Section 8.3 | Documented covered codes. |
| 2/1/05 | Section 3.0 #6 | The unlisted procedure code 43659 was replaced with 43644 for the laparoscopic version of gastric bypass/Roux-en-Y. |
| 2/1/05 | Section 8.3 | CPT code 43644 was added to the list of covered codes. |
| 9/1/05 | Section 2.0 | A special provision related to EPSDT was added. |
| 12/1/05 | Section 2.2 | The web address for DMA’s EDPST policy instructions was added to this section. |